

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875i

SERIAL NO. **10/019849** FILING DATE **01 NOV 2001**
APPLICANT(S) *John Doe*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48					/	
49					/	
50					/	
TOTAL IND.			/			
TOTAL DEP.						
TOTAL CLAIMS						

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51	/			
52	/			-
53	/			
54	/			
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99				
100				
TOTAL IND.		3		
TOTAL DEP.		3		
TOTAL CLAIMS		32		